City of Alma Georgia's Blueberry Capital www.cityofalmaga.gov Application for Utility Service (912) 632-5917 Fax (912) 632-8365

Date			
Applicant Name			
Maiden Name			
Service Address			
Mailing Address			
City	State	Zip	
Email Address			
Date of Birth	Social Security #		
Drivers Lic #	State	of Issue	
Current Employer	Home Phone		
Work Phone	Cell Phone		
Nearest Living Relative that v	vill not reside at the s	service address:	
Name			
Address			
City	State	Zip	
Phone	_Have you applied fo	r Utility Service in the Past? YesNo_	
Own Property? YesNo_			
Rent Property? Yes	_No Land	llords Name	
all information herein in connection misinformation contained herein, to be discontinued without any no due. Applicants for utility service are resocial Security Card and Drivers Lice PROPER IDENTIFICATION AND SUP name for each address. The minimum deposit required for	in with this application for late payment or nonpayment or nonpayment. Failure to receive a beginning to complete and receive or some acceptable PORTING DOCUMENTATION of the residential account is \$75.	orrect. The City of Alma is free to investigate and ver Utility Service. I also acknowledge that nent of any portion of a utility bill subjects the service bill does not alter the responsibility to pay the amount of the property of the pr	ce unt vide
continue to be billed the minimum	amounts. To discontinue	application. Services disconnected for nonpayment of billing, a work order must be signed by the custom any bill over 30-days is subject to cut off.	
Applicant Signature		Date	